

Form PTO-1083

In RE application of T. HOSHINO et al.

Serial No.: 10/648,289

Filed: August 27, 2003

For: DISPLAY UNIT WITH TOUCH PANEL



Patent

Case Docket No.: ASA-1153

Group Art Unit: 2674

Examiner: S. G. Sherman

IFW

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following: an Amendment and Petition for Two-Month Extension of Time under 37 CFR 1.116, an RCE and a Petition for a Two-Month Extension of Time in connection with the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) |
|--|----------------------------------|----------|---------------------------------|---------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra |
| Total | * 7 | Minus | ** 20 | = 0 |
| Indep. | ** 3 | Minus | *** 3 | = 0 |
| <input type="checkbox"/> First presentation of Multiple Dependent Claims | | | | |

SMALL ENTITY

| Rate | Additional Fee |
|-------|----------------|
| X 25 | \$ |
| X 100 | \$ |
| X 180 | \$ |
| Total | \$ |

OR

OTHER THAN A SMALL ENTITY

| Rate | Additional Fee |
|-------|----------------|
| X 50 | \$ |
| X 200 | \$ |
| X 360 | \$ |
| Total | \$ |

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$450.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417, Ref. ASA-1153.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: _____

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Date: April 3, 2007